

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045086

FILED VS DEC 16 1960

Registration District No. 27 Primary Registration District No. 3000 Registrar's No. 147

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Butler</u>		Length of stay in 1b <u>2 weeks</u>		c. CITY OR TOWN <u>Butler</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bates County Memorial</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>414 S Main</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Faye</u> Middle <u>E</u> Last <u>Burch</u>				4. DATE OF DEATH Month <u>12</u> Day <u>9</u> Year <u>60</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 22-98</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>17</u>	IF UNDER 24 HR Hours <u>17</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>School Teacher</u>		11. BIRTHPLACE (City and state or country) <u>Appleton City Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Chas B. Ramsey</u>		13b. MOTHER'S MAIDEN NAME <u>Mrs. M. Weller</u>		13c. NAME OF HUSBAND OR WIFE <u>Chas O. Burch</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no; or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>7</u>		17. INFORMANT <u>Mrs. Hubert Fleisher (Sister)</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary thromb</u> DUE TO (b) <u>Coronary disease</u> DUE TO (c) <u>Hypertension, arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour <u>5:35 p.m.</u> Month, Day, Year <u>12-9-60</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>75</u>	20f. CITY, TOWN, OR LOCATION <u>Butler, Mo.</u>					
21. I attended the deceased from <u>Dec 9th 1960</u> to <u>Dec 9th 1960</u> and last saw her alive on <u>Dec 9th 1960</u> Death occurred at <u>5:35 p.m. 12-9-60</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>L. S. Le. Haw</u> (Degree or title)				22b. ADDRESS <u>Butler, Mo.</u>		22c. DATE SIGNED <u>12-9-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-11-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Appleton City</u>		23d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo.</u>			
24. FUNERAL DIRECTOR <u>Leslie Eddy</u>		ADDRESS <u>Appleton City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 9-1960</u>		26. REGISTRAR'S SIGNATURE <u>Mendell Perry</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Oscar Eckhoff

Licensed Embalmer No. 394

P. O. Address Appleton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.